



San Francisco Department of Public Health

FY 2025-26 and FY2026-27 Patient Rates Ordinance

May 19, 2025



High Level Summary

- Annual rate increases to ensure that revenue from Medicare, Medi-Cal and private insurance continues to support DPH's services.
- Extends the term of the rate authorization into FY 2026-27 for Inpatient, Emergency and Trauma related services, one year past the current authorization through FY 2025-26.



Rate Changes

- Extends all rates which include Inpatient, Emergency and Trauma related services rates for one additional year
- Updating rate schedules for the new two-year period:
 - Adds rates for Specialty Mental Health Services related to BH-CONNECT Evidence Based Practices and removes rates for transportation services that are not applicable.
 - For all other Community Behavioral Health Services including Specialty Mental Health and Drug Medi-Cal Organized Delivery System, rates consistent with the BHS Medi-Cal Fee Schedule in FY2025-26 and increase by 2.82% in FY2026-27 equal to adjustments made to the State Department of Healthcare Services Medi-Cal payment rates
 - All other physical health services, to increase rates by 2.76% in FY 2025-26 and 2.82% in FY 2026-27 consistent with the Controller's Office CPI Fees and Fines guidance.



Patient Rate Methodology

Division	Patient Rate Methodology
Pharmacy & Supplies	<ul style="list-style-type: none">• Mark up based on procurement cost
Zuckerberg San Francisco General, Laguna Honda, Community Primary Care, Whole Person Integrated Care, Health at Home	<ul style="list-style-type: none">• Pricing based on 2019 Deloitte Consulting market pricing study, scheduled to be reset based in part on a market benchmarking study in 2026• Trauma, Emergency, Bed Day rates have been frozen since 2019• All other rates are increased by annual CPI factor
Population Health	<ul style="list-style-type: none">• Patient Rates based on:<ul style="list-style-type: none">• California Health and Safety Code• Procurement costs for vaccines and testing in AITC• Fixed rates for document production, Medical Marijuana ID Card, and AITC Health/Nurse Visits
Behavioral Health (incl. Mental Health and Substance Use Disorder)	<ul style="list-style-type: none">• Utilizes the Medi-Cal and Medicare Fee Schedule



Buprenorphine & Naltrexone Injectable Rates

- For both Buprenorphine Injectable (Sublocade) and Naltrexone Injectable (Vivitrol), DPH utilizes the Medicare payment rate as a basis for developing patient rates. See below for Medicare rates:

HCPCS	Descriptor	2025 Drug Cost	CY 2025 Non-Drug Cost	Total Cost for 2025
G2069	Medication assisted treatment, buprenorphine (injectable) administered on a monthly basis; bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program).	\$1,797.29	\$234.25	\$2,031.54
G2073	Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program)	\$1,475.54	\$234.25	\$1,709.79



Trauma Stay Example

- Patient A has a Trauma related 7 day stay at ZSFG and is covered by Non-HMO private insurance:
- Billed Charges = \$189,507
 - Trauma Activation 900 = \$29,924
 - Emergency Room Level V = \$11,846
 - Major Surgery III 1 Hour = \$15,899
 - 5 days in ICU Bed = \$112,300
 - 2 days in Medical Surgical Bed = \$19,538



Trauma Stay Example (cont'd)

- Billed Charges = \$189,507
- In this scenario, let's assume the patient has a \$50,000 coinsurance for out of network care and that the private insurance will pay \$150,000:
 - Private Insurance Allowable Amount = \$150,000
 - Private Insurance Payment = \$100,000
 - Out of Network Patient Responsibility = \$50,000



Trauma Stay Example (cont'd)

- Out of Network Patient Responsibility = \$50,000
- The first policy that applies is the In-Network patient responsibility,
 - Let's assume that the In-Network patient responsibility for a trauma stay is \$10,000. DPH would immediately reduce the patient responsibility to \$10,000.
 - Patients can also apply for sliding scale, charity care, or the discount payment program which, if qualified and approved, would reduce their patient liability
 - The Patient Cap Policy would also apply, limiting the patient responsibility to \$4,800.
 - Finally, patients can apply for a 12-month payment plan within DPH or a longer payment plan once DPH sends their balance to the City and County's Bureau of Delinquent Revenue.

Questions



Thank You